## **Entry Blank—Please Type or Print**

□ Ms./Artist  M. Mr./Artist  EMILY S.	RUSEN	el	5 d
NI WILLARUSE ZAVITATION	70.		(last name last)
Permanent 11812 CRO	MWELL A	VE	CLEVEZAN
Street	City		
44120	Daytime Tel. (2)	6 19	121-7340
Zip	are	ea	
Temporary or Studio Address			
	Street		City
	Daytime Tel. (	)	
Zip	are	ea	
If you do not presently live in one o Reserve, in which county were you bo		Wester	n .
Collaborator (if any)			
If May Show entries are not accepte Artist will pick up at Museum.  Museum should dispose of.  Museum should ship to artist at			
Street			
City State			Zip

## **Special Instructions**

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 27, 1990.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

I have received the unsold/unaccepted object(s) in good condition.

## **Entry Blanks**

Detach entire portion along dotted line and submit with slides, but retain tags

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A Pain		raphics afts	➤ Photograp (specif	hy y category)		
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	ISTONE NAT			189		
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